



State of Washington
Department of
Labor and Industries

PROVIDER BULLETIN

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THIS ISSUE

Pain Clinics

TO:

Vocational Counselors
Physicians
Clinics
Hospital Administrators
Please route to:
Primary Care Physicians

FROM:

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This bulletin introduces revisions to the Washington State Fund's policies for pain management treatment program (pain program) for covered workers with chronic pain. It replaces Provider Bulletins 87-24 and 87-29.

These changes were developed by the Pain Program Task Group comprised of representatives from the department and the Pain Interest Consortium (PIC) for the purpose of increasing positive outcomes for workers referred to pain programs. The changes include:

- Improved communication procedures and clarification of roles for participants associated with pain program care. Participants include: attending physicians (AP); pain program vocational rehabilitation counselors (program counselor); private or department vocational rehabilitation counselor (private or department counselor); department rehabilitation consultants (RC); department occupational nurse consultants (ONC); and department claims managers (CM).
- Required documentation of vocational status and issues in a Return to Work Action Plan (Action Plan) at completion of pain program evaluation. The Action Plan facilitates coordination and should not delay pain program admission if a private counselor is involved during the pain program evaluation phase.

This bulletin also includes information about chronic pain and its treatment.

DEFINITIONS

CHRONIC PAIN TREATMENT

Pain programs are designed to physically rehabilitate chronic pain patients. Treatment includes: medical monitoring and education; psychological treatment; physical and occupational therapy; and vocational rehabilitation. These modalities address the psycho-social, and cognitive aspects of pain behavior together with physical rehabilitation.

Pain program treatment is provided over a six to ten week period and is delivered in three phases: evaluation, treatment and follow-up. The treatment phase is three to four weeks long during which the worker participates six to eight hours per day, five days per week. The follow-up phase extends four to six weeks beyond the treatment phase and may be treatment-oriented or status check(s), depending on the program.

SECONDARY GAIN

The Task Group recognizes that chronic pain often is complicated by secondary gain: the worker's perception that successful rehabilitation may affect disability benefits or social relationships. Secondary gain can become an entrenched re-inforcer of long-term disability if not identified and treated early.

REFERRAL CRITERIA

A worker may be considered for referral to a pain program if he or she is not a surgical candidate and meets one of the following criteria:

- Pain complaints persists despite six months of conservative care without significant improvement or return to work. (There is a lack of objective medical findings.)
- Pain complaints persist six months following required surgery without significant improvement or return to work. (There is a lack of objective medical findings.)
- Severe narcotic pain medication abuse problem. (A pain program with access to inpatient care may be considered.)
- Returned to work, but help is needed in chronic pain management prior to claim closure.

RETURN TO WORK ACTION PLAN (ACTION PLAN)

The Action Plan is a one page report. The private counselor and the program counselor will co-develop the Action Plan by the end of the evaluation phase. The Action Plan will serve as a blueprint for treatment/management goals - i.e., the purpose is to return the worker to gainful employment. The program counselor and private counselor will follow and modify the Action Plan as indicated by the worker's response to treatment. Successful Action Plan outcomes may include any outcome that advances the claim, i.e., a finding of employability, unable to benefit from vocational services, etc. The Action Plan contains:

- The worker's vocational rehabilitation status with the department;
- An estimate of current physical capacities based on best available information;

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- The RTW goal with required physical capacities, and,
 - The actions, timelines and responsibilities required to achieve the RTW goal.

The program counselor is responsible for documenting the Action Plan while the private counselor must approve and sign it. The Action Plan is sent to all parties with the evaluation reports. The Action Plan goal may change with concurrence of the private counselor because of new information obtained during treatment.

A final version of the action plan is sent to the AP at discharge for review, comment and signature. It should be returned to the pain program within 15 days of receipt. If the AP does not concur or respond, the private counselor is expected to contact the attending physician to discuss the action plan and negotiate agreement on a return-to-work goal. (Please see appendix A for example Action Plan.)

ROLES

ATTENDING PHYSICIAN (AP)

- Refers workers to pain programs before long-term disability develops.
- Reviews and returns the action plan sent at discharge with comment and signature to the pain program within 15 days.
- Communicates with private counselor during the follow-up phase to resolve issues affecting return to work goal.

ASSIGNED DEPARTMENT OR PRIVATE VOCATIONAL REHABILITATION COUNSELOR (DEPARTMENT COUNSELOR)

Workers with chronic pain usually have complex psycho-social problems, therefore, it is essential an experienced counselor be assigned to the case. A department counselor usually is assigned for early intervention. He or she may transfer a case referred to a pain program to a private counselor. The private counselor:

- Communicates with the program counselor before and during the evaluation phase to co-develop the action plan.
- Attends the pain program discharge conference in person or by phone, as well as other conferences as necessary.
- Contacts the AP following pain program treatment to negotiate if the AP does not affirm action plan.
- Implements action plan following the pain program treatment phase.
- Communicates with program counselor during the follow-up phase to resolve problems in implementing action plan.

PAIN PROGRAM VOCATIONAL COUNSELOR (PROGRAM COUNSELOR)

- Communicates with the private counselor before and during the evaluation phase to co-develop the action plan by completion of evaluation phase.
- Presents action plan to CM at completion of evaluation (this may be performed by other members of the pain program evaluation team).
- Communicates with private counselor during follow-up phase to resolve any problems with action plan implementation.
- Sends action plan to all parties at discharge.

DEPARTMENT CLAIMS MANAGER (CM)

- Authorizes pain program evaluation, when appropriate, and assignment of a private counselor.
- Sends pain program information needed to conduct the evaluation.
- Discusses action plan with the pain program evaluation team member by phone before authorizing the treatment phase.
- Authorizes services or takes action recommended by the pain program and private counselor to implement the action plan.

DEPARTMENT OCCUPATIONAL NURSE CONSULTANT (ONC) AND REHABILITATION CONSULTANT (RC)

The ONC and RC are available to consult with the private counselor, pain program staff, AP and CM regarding medical and vocational issues relative to pain program treatment as needed on a case, by, case basis.

APPENDIX A
PAIN MANAGEMENT PROGRAM

Date: ____/____/____

Worker's Name: _____

Claim Number: _____

Vocational Status:

- ☐ Intervention ☐ Employability Assessment
☐ Plan Development/Implementation

Current Physical Capacities: (D.O.T. strength factor):

Return to Work Goal:

Actions, Timelines & Responsibilities:

RETURN TO WORK ACTION PLAN

_____/____/____
Pain Program VRC

_____/____/____
Date

_____/____/____
Pain Program Physician

_____/____/____
Date

_____/____/____
Department-Assigned VRC

_____/____/____
Date

_____/____/____
Attending Physician

_____/____/____
Date

☐ Agree ☐ Disagree

PAIN MANAGEMENT PROGRAM RETURN-TO-WORK ACTION PLAN

PURPOSE:

The purpose of the RTW Action Plan is to provide structure and focus to the vocational services provided during a pain management program's *treatment* and *follow-up* phases.

The RTW Action Plan is developed between the pain program's vocational counselor and the department-assigned vocational counselor. It is completed by the end of the *evaluation* phase.

The RTW Action Plan may be modified or adjusted during the *treatment* or *follow-up* phase as needed.

INSTRUCTIONS:

1. Check box next to appropriate vocational status of case; i.e., Intervention; Employability Assessment; Plan Development/Implementation.
2. Describe worker's *current physical capacities* in terms of: *strength* (sedentary, light, medium, heavy, very heavy) and include *position* (stand, walk, sit) and *weight/force* (lift, carry, push, pull). List date worker will be medically stable.
3. Identify *return-to-work goal* based on *RTW* priorities and explain how that priority was selected. List the job title and physical demands of the job. Identify primary barriers that may impact achieving *RTW* goal.
4. Identify *actions to be taken* to achieve *RTW* goal, including actions to address barriers; list the *timelines* for completing those actions; and identify who is *responsible* for implementing those *actions*.

DISTRIBUTION:

1. RTW Action Plan is to be sent to claims manager, department-assigned VRC and the attending doctor at the end of the *evaluation* phase by the Pain Program.
2. RTW Action Plan including any modifications or adjustments, is to be sent to claims manager, department-assigned VRC, and the attending doctor at the end of the *discharge* phase by the Pain Program.

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